



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT ANDERSON REGIONAL HOSPITAL

City of Hospital: Anderson

Year Begin: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (mm/dd/yyyy format)

Person Completing the Report: Brad Burks

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Medicare Provider Number: 15-0088

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$259252202
Outpatient Patient Service Revenue	\$458566498
Total Gross Patient Service Revenue	\$717818700

2. Deductions From Revenue

Contractual Allowance	\$500254545
Other Deductions	\$6045506
Total Deductions	\$506300051

3. Total Operating Revenue

Net Patient Service Revenue	\$199830613
Other Operating Revenue	\$4046599
Total Operating Revenue	\$203877212

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$36946309	\$2664
Medicaid	\$18688317	\$1907
Commercial Insurance	\$6906029	\$255
Self-pay	\$2365851	\$93
Any Other Category of Payer	\$13766323	\$581
Total	\$78672829	\$5500

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$33238242	\$45537
Medicaid	\$31439423	\$29181
Commercial Insurance	\$5271880	\$4470
Self-pay	\$2358703	\$3348
Any Other Category of Payer	\$48849536	\$22113
Total	\$121157784	\$104649

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$70184551	\$48201
Medicaid	\$50127740	\$31088
Commercial Insurance	\$12177909	\$4725
Self-pay	\$4724554	\$3441
Any Other Category of Payer	\$62615859	\$22694
Total	\$199830613	\$110149

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$53176639	Employee Benefits	\$11549895
Depreciation and Amortization	\$5910138	Interest Expense	\$500021
Bad Debt	\$11688036	Other Expenses	\$121263165
Total Operating Expenses	\$204087894		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$11477353	Total Assets	\$88773629
Net Non-operating Gains over Loss	\$-399	Total Liabilities	\$63867220
Total Net Gains	\$11476954		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$374101425	\$303916874	\$70184551
Medicaid	\$168054272	\$117926531	\$50127741
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$175663003	\$96144682	\$79518321
Total	\$717818700	\$517988087	\$199830613

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$137781	\$283682	\$-145901

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$48441	\$102698	\$-54257

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$419786	\$-419786
Hospital Patients	\$0	\$18319	\$-18319
Community Education	\$0	\$197469	\$-197469

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	5711
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges \$15222770

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3794656	
HCI Payments	\$0		
Subtotal	\$0	\$3794656	\$-3794656
Medicaid Shortfalls	\$50898377	\$52796360	
Subtotal	\$50898377	\$56591016	\$-5692639
DSH Payments	\$14,307,180		
Subtotal	\$65205557	\$56591016	\$8614541
Medicare Shortfalls	\$70716444	\$93254139	
Other Government Programs	\$0	\$0	
Total	\$135922001	\$149845155	\$-13923154

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$175057	\$-175057
Community Assessment	\$0	\$471128	\$-471128
Provision of Taxes	\$0	\$10904629	\$-10904629
Other Allocations	\$0	\$0	\$0

Comments

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